



General Assembly

January Session, 2003

Committee Bill No. 5474

LCO No. 4306

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING REVISIONS TO THE HUSKY PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-261 of the general statutes, as amended by
2 section 10 of public act 03-2, is repealed and the following is
3 substituted in lieu thereof (*Effective from passage*):

4 (a) Medical assistance shall be provided for any otherwise eligible
5 person whose income, including any available support from legally
6 liable relatives and the income of the person's spouse or dependent
7 child, is not more than one hundred forty-three per cent, pending
8 approval of a federal waiver applied for pursuant to subsection (d) of
9 this section, of the benefit amount paid to a person with no income
10 under the temporary family assistance program in the appropriate
11 region of residence and if such person is an institutionalized
12 individual as defined in Section 1917(c) of the Social Security Act, 42
13 USC 1396p(c), and has not made an assignment or transfer or other
14 disposition of property for less than fair market value for the purpose
15 of establishing eligibility for benefits or assistance under this section.
16 Any such disposition shall be treated in accordance with Section
17 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of

18 property made on behalf of an applicant or recipient or the spouse of
19 an applicant or recipient by a guardian, conservator, person
20 authorized to make such disposition pursuant to a power of attorney
21 or other person so authorized by law shall be attributed to such
22 applicant, recipient or spouse. A disposition of property ordered by a
23 court shall be evaluated in accordance with the standards applied to
24 any other such disposition for the purpose of determining eligibility.
25 The commissioner shall establish the standards for eligibility for
26 medical assistance at one hundred forty-three per cent of the benefit
27 amount paid to a family unit of equal size with no income under the
28 temporary family assistance program in the appropriate region of
29 residence, pending federal approval, except that the medical assistance
30 program shall provide coverage to persons under the age of nineteen
31 up to one hundred eighty-five per cent of the federal poverty level
32 without an asset limit. Said medical assistance program shall also
33 provide coverage to persons under the age of nineteen and their
34 parents and needy caretaker relatives who qualify for coverage under
35 Section 1931 of the Social Security Act with family income up to one
36 hundred fifty per cent of the federal poverty level without an asset
37 limit, upon the request of such a person or upon a redetermination of
38 eligibility. Such levels shall be based on the regional differences in
39 such benefit amount, if applicable, unless such levels based on regional
40 differences are not in conformance with federal law. Any income in
41 excess of the applicable amounts shall be applied as may be required
42 by said federal law, and assistance shall be granted for the balance of
43 the cost of authorized medical assistance. All contracts entered into on
44 and after July 1, 1997, pursuant to this section shall include provisions
45 for collaboration of managed care organizations with the Healthy
46 Families Connecticut Program established pursuant to section 17a-56.
47 The Commissioner of Social Services shall provide applicants for
48 assistance under this section, at the time of application, with a written
49 statement advising them of the effect of an assignment or transfer or
50 other disposition of property on eligibility for benefits or assistance.

51 (b) For the purposes of the Medicaid program, the Commissioner of

52 Social Services shall consider parental income and resources as
53 available to a child under eighteen years of age who is living with his
54 or her parents and is blind or disabled for purposes of the Medicaid
55 program, or to any other child under twenty-one years of age who is
56 living with his or her parents.

57 (c) For the purposes of determining eligibility for the Medicaid
58 program, an available asset is one that is actually available to the
59 applicant or one that the applicant has the legal right, authority or
60 power to obtain or to have applied for the applicant's general or
61 medical support. If the terms of a trust provide for the support of an
62 applicant, the refusal of a trustee to make a distribution from the trust
63 does not render the trust an unavailable asset. Notwithstanding the
64 provisions of this subsection, the availability of funds in a trust or
65 similar instrument funded in whole or in part by the applicant or the
66 applicant's spouse shall be determined pursuant to the Omnibus
67 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of
68 this subsection shall not apply to special needs trust, as defined in 42
69 USC 1396p(d)(4)(A).

70 (d) The transfer of an asset in exchange for other valuable
71 consideration shall be allowable to the extent the value of the other
72 valuable consideration is equal to or greater than the value of the asset
73 transferred.

74 (e) On or before January 15, 1994, and annually thereafter, the
75 Department of Social Services shall submit a report to the General
76 Assembly in accordance with section 11-4a which sets forth the
77 following: The number of children receiving Medicaid services; the
78 number of children receiving medical treatment at any state or
79 municipal health care facility; the number of doctors and dentists
80 participating in state or municipally-funded programs; and the
81 percentage of children treated in medical programs whose family
82 income is less than one hundred thirty-three per cent of the federal
83 poverty level and the number whose family income is greater than one

84 hundred thirty-three per cent but not more than one hundred eighty-
85 five per cent of the federal poverty level. On and after October 1, 1996,
86 the report shall be submitted to the joint standing committee of the
87 General Assembly having cognizance of matters relating to human
88 services and, upon request, to any member of the General Assembly. A
89 summary of the report shall be submitted to each member of the
90 General Assembly if the summary is two pages or less and a
91 notification of the report shall be submitted to each member if the
92 summary is more than two pages. Submission shall be by mailing the
93 report, summary or notification to the legislative address of each
94 member of the committee or the General Assembly, as applicable.

95 (f) The Commissioner of Social Services shall seek a waiver from
96 federal law to permit federal financial participation for Medicaid
97 expenditures for families with incomes of one hundred forty-three per
98 cent of the temporary family assistance program payment standard.

99 [(g) Notwithstanding the provisions of subsection (a) of this section,
100 on or after April 1, 2003, all parent and needy caretaker relatives with
101 incomes exceeding one hundred per cent of the federal poverty level,
102 who are receiving medical assistance pursuant to this section, shall be
103 ineligible for such medical assistance. Upon passage of this act, the
104 Department of Social Services shall not accept applications for medical
105 assistance program coverage under Section 1931 of the Social Security
106 Act from parent and needy caretaker relatives with incomes exceeding
107 one hundred per cent of the federal poverty level until on or after July
108 1, 2005.]

109 Sec. 2. Section 17b-292 of the general statutes, as amended by section
110 7 of public act 03-2, is repealed and the following is substituted in lieu
111 thereof (*Effective from passage*):

112 (a) A child who resides in a household with a family income which
113 exceeds one hundred eighty-five per cent of the federal poverty level
114 and does not exceed three hundred per cent of the federal poverty
115 level may be eligible for subsidized benefits under the HUSKY Plan,

116 Part B.

117 (b) A child who resides in a household with a family income over
118 three hundred per cent of the federal poverty level may be eligible for
119 unsubsidized benefits under the HUSKY Plan, Part B.

120 (c) Whenever a court or family support magistrate orders a
121 noncustodial parent to provide health insurance for a child, such
122 parent may provide for coverage under the HUSKY Plan, Part B.

123 (d) A child who has been determined to be eligible for benefits
124 under the HUSKY Plan, Part A or Part B shall remain eligible for said
125 plan for a period of twelve months from such child's determination of
126 eligibility unless the child attains the age of nineteen or is no longer a
127 resident of the state.

128 ~~[(d)]~~ (e) To the extent allowed under federal law, the commissioner
129 shall not pay for services or durable medical equipment under the
130 HUSKY Plan, Part B if the enrollee has other insurance coverage for
131 the services or such equipment.

132 ~~[(e)]~~ (f) A newborn child who otherwise meets the eligibility criteria
133 for the HUSKY Plan, Part B shall be eligible for benefits retroactive to
134 his date of birth, provided an application is filed on behalf of the child
135 within thirty days of such date.

136 ~~[(f)]~~ (g) The commissioner shall implement presumptive eligibility
137 for children applying for Medicaid. Such presumptive eligibility
138 determinations shall be in accordance with applicable federal law and
139 regulations. The commissioner shall adopt regulations, in accordance
140 with chapter 54, to establish standards and procedures for the
141 designation of organizations as qualified entities to grant presumptive
142 eligibility. In establishing such regulations, the commissioner shall
143 ensure the representation of state-wide and local organizations that
144 provide services to children of all ages in each region of the state.

145 ~~[(g)]~~ (h) The commissioner shall enter into a contract with an entity

146 to be a single point of entry servicer for applicants and enrollees under
147 the HUSKY Plan, Part A and Part B. The servicer shall jointly market
148 both Part A and Part B together as the HUSKY Plan. Such servicer shall
149 develop and implement public information and outreach activities
150 with community programs. Such servicer shall electronically transmit
151 data with respect to enrollment and disenrollment in the HUSKY Plan,
152 Part B to the commissioner who may transmit such data to the
153 Children's Health Council.

154 [(h)] (i) To the extent permitted by federal law, the single point of
155 entry servicer may be one of the entities authorized to grant
156 presumptive eligibility under the HUSKY Plan, Part A.

157 [(i)] (j) The single point of entry servicer shall send an application
158 and supporting documents to the commissioner for determination of
159 eligibility of a child who resides in a household with a family income
160 of one hundred eighty-five per cent or less of the federal poverty level.
161 The servicer shall enroll eligible beneficiaries in the applicant's choice
162 of managed care plan.

163 [(j)] (k) Not more than twelve months after the determination of
164 eligibility for benefits under the HUSKY Plan, Part A and Part B and
165 annually thereafter, the commissioner or the servicer, as the case may
166 be, shall determine if the child continues to be eligible for the plan. The
167 commissioner or the servicer shall mail an application form to each
168 participant in the plan for the purposes of obtaining information to
169 make a determination on eligibility. To the extent permitted by federal
170 law, in determining eligibility for benefits under the HUSKY Plan, Part
171 A and Part B with respect to family income, the commissioner or the
172 servicer shall rely upon information provided in such form by the
173 participant unless the commissioner or the servicer has reason to
174 believe that such information is inaccurate or incomplete. The
175 determination of eligibility shall be coordinated with health plan open
176 enrollment periods.

177 [(k)] (l) The commissioner shall implement the HUSKY Plan, Part B

178 while in the process of adopting necessary policies and procedures in
 179 regulation form in accordance with the provisions of section 17b-10.

180 [(l)] (m) The commissioner shall adopt regulations, in accordance
 181 with chapter 54, to establish residency requirements and income
 182 eligibility for participation in the HUSKY Plan, Part B and procedures
 183 for a simplified mail-in application process. Notwithstanding the
 184 provisions of section 17b-257b, such regulations shall provide that any
 185 child adopted from another country by an individual who is a citizen
 186 of the United States and a resident of this state shall be eligible for
 187 benefits under the HUSKY Plan, Part B upon arrival in this state.

This act shall take effect as follows:	
Section 1	<i>from passage</i>
Sec. 2	<i>from passage</i>

Statement of Purpose:

To provide health insurance benefits under HUSKY Plan, Part A for parents and needy caretakers of children with incomes of not more than one hundred fifty per cent of the federal poverty level, and to restore continuous eligibility for children under HUSKY Plan, Parts A and B.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: REP. MCCLUSKEY, 20th Dist.

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